PD-ABQ-353
97019

USAID/BANGLADESH
PROJECT ASSISTANCE COMPLETION REPORT (PACR)

I. SUMMARY DATA SHEET

•	Project Title	:	Family Planning and Health Services
•	Project Number	:	388-0071
•	Authorization Dates	:	7/23/87
•	ProAg No.	:	N/A
•	Grantee	:	Government of Bangladesh (GOB)
•	Implementing Agency	:	GOB/Ministry of Health and Family Welfare
•	Major Technical Assistance Contractor(s)	:	Cooperative Agencies and Contractors: -Pathfinder International -Access to Voluntary and Safe Contraception (AVSC) -The Asia Foundation (TAF) -Family Planning Association of Bangaldesh (FPAB) -Basic Support for Institutionalizing Child Survival (BASICS) -Family Planning Logistics Management/JSI (FPLM/JSI) -John Hopkins University Population Communication Services (JHU/CCP) -International Center for Diarrhoeal Disease Research (ICDDR/B) -Population Council -Social Marketing Company/Population Services -International (SMC/PSI)
•	Final Evaluation (date)	:	May 1995.
•	PACD	:	Original: 8/31/92 Final: 8/30/97

- Financial Status: (Through 9/30/97):

  Authorized: $ 282,980,460
  Obligated: $ 190,125,360
  $ 92,855,100 (Field Support)
  Disbursed: $ 187,560,504
  $ 88,000,000 (Field Support)
  Unliquidated:$ 2,564,856
  Deobligated: $ - 0 -

- BDG Contribution:

  Planned: $ NA
  Actual: $ NA

- Other (including Donor) contribution:

  Planned: $ NA
  Actual: $ NA

- Planned and Actual USAID inputs: (Dollars for 1987-97)

Line Item	Planned Authorization	Revised Authorit.	Planned Obligations	Actual Obligations
Component 1: Support for Covernment FP/MCH Activities	73,591,082	70,589,743	70,589,743	51,634,947
Component 2: Social Marketing	43,727,000	38,701,852	38,701,852	36,901,244
Component 3: NGOs	76,956,006	79,412,788	79,412,788	76,080,008
Component 4: Support Activities for MCH/FP	26,742,910	28,416,487	28,416,487	25,509,161
OYB Transfer	78,983,000	65,859,590	65,859,590	92,855,100
Total:	300,000,000	282,980,460	282,980,460	282,980,460

- Planned and Actual Outputs:

Planned Outputs	Actual Outputs
A. Component I: Support for Government FP/MCH Activities:	
1. Satellite Clinic Program:	Component Cancelled
5,000 high quality clinics serving a population of approximately 20,000,000	However, NGOs operated 5000 satellite clinics of their own.
2. Upazila Initiatives Project:	
150 Upazila teams trained	Completed. Over 1.3 million FP users
16 Study Tours to Indonesia	Completed.
13 In-Country Study Tours	Completed.
3. Contraceptive Commodities Logistics Management and Training:	
Strengthened/Institutionalized FP Logistics System within MOHFW, selected FP/NGOs and the SMC	Completed.
Trained staff within MOHFW, selected FP/NGOs in all aspects of FP Logistics Management and MIS System	Completed.
Permanent training capability under NIPORT to teach and upgrade FP logistics management and MIS skills to MOHFW staff	Training conducted by NIPORT and NGO training institutions

Expanded use of data based management information within the MOHFW at all levels to improve management and monitoring; ensure timely procurement of FP commodities, quality control of commodities, warehousing, and service programs.	Completed. Effective logistics management information system established.
Capability of the MOHFW developed to manage a contraceptive procurement program, maintain a quality control system throughout the contraceptive supply and distribution system.	Stock-outs virtually eliminated at the thana level. Progress achieved but further assistance by USAID will be required.
Capacity of the MOHFW and FP/NGOs to maintain their distribution systems, vehicles efficiently and in a cost-effective manner.	FP/NGO logistics system now merged with that of the MOHFW
Close collaboration among donors and the GOB in the area of contraceptive logistics and supply maintained.	Regular meetings and effective coordination of donors.
4. Upazila Warehouse Construction: 210 storerooms built	210 units constructed and operationalized.
5. Municipal Immunization:	
GOB assigns responsibility for urban PHC to local government.	Completed.
GOB establish policy to rationalize the financial and managerial responsibilities for urban immunization, standardize domains of responsibility for health care in urban areas. Municipalities accept responsibility for supporting additional staff requirement.	Completed. Majority of municipalities now have their own medical officers and Health Cell established in the Ministry of Local Government.
Improved training activities for health workers in interpersonal communication; for physicians in PH measures, EPI and disease surveillance.	Achieved.

Improved managerial and institutional sustainability: capacity of EPI to plan, implement and monitor immunization in urban areas.	Completed. Sustained high vaccination rates.
6. IEC:	
Produce and distribute a variety of training materials: fieldworker/TOT training modules for Regional Training Centers, and Family Welfare Training Institutions.	Completed.
IEC training courses and national workshops on Advances in Health Communication.	Conducted annually.
Update of Fieldworkers Guide and Modern Contraceptive Methods booklets.	Completed.
17 districts static audio-visual units replaced.	Seventy overhead units provided to targeted districts.
7. Family Planning Services and Training Center (FPSTC)	
48 NGO projects financed for clinical services	Forty-seven NGO projects operationalized.
Training Institute for management of the NGO staff improved.	Completed.
GOB-NGO coordination promoted.	Through creation of NGO coordination committees.
B. Component 2: Social Marketing:	
SMC operations improved and sustained.	SMC currently recovers 70% of its operation costs. Condoms/oral contraceptives sales esceeded SMC planned targets.
Staff trained in management, financial, qualitative and quantitative market and media research, advertising, materials production, IEC campaigns.	Completed.

ORS use increased and sustained.	In 1997, over 50 million sachets of ORS sold
ORS buffer stock created.	Completed.
Community Based Sales evaluated.	Community Based SalesProgram evaluated and discontinued.
C. Component 3: NGO Family Planning Activities:	
Innovative service delivery models tested and expanded such as use of volunteers, depot holders sales of SMC products, home delivery of injectables.	Over 3 million FP users served by NGOs through different service delivery mechanisms.
IEC strategy, Action Plan and research agenda developed.	National FP/MCH Action Plan designed and implemented.
Project performance criteria and studies of Management cost effectiveness and management of project sites developed and implemented.	Completed including Development Assessment instrument.
Projects in new and low performing areas introduced.	Completed.
Normative societal changes such as increased mobility of women to facilitate family planning assessed.	Contraceptive Prevalence Rate increased by over 1.5 points annually; women increasingly left home to obtain contraceptives.
Quality assurance in family planning assessed.	Series of quality improvement activities initiated incl. portable IUD sterilizers, the COPE approach, and clinical FP training
D. Component 4: Support Activities:	
Conduct applied research and program development to improve family planning and MCH service delivery.	ICDDR,B conducted operations research in all aspects of program.

Costs of alternate management and service delivery models established.	Studies included costs of NGO field worker programs and of volunteer based programs.
Range of choice and the quality of family planning care expanded.	All modern methods provided.
Strategies to increase share of clinical contraception devised.	Improvement in injectable use although sterilization and IUD are still suboptimal.
Quality of management and utility of management information improved.	Completed.
Functional linkages between family planning and MCH investigated.	Key MCH services introduced by NGOs including ANC, RTI/STD case management.
Feasibility of using urban poor and largely illiterate women from urban slums to provide FP/PHC informa tion, services, collect data, and conduct research tested.	Tested under the urban MCH/FP operation research and Urban Volunteer Program.
Small scale OR focusing on cost, quality, and coverage of services addressed.	Rural and urban MCH/FP composition extension projects conducted operation research studies.
Studies on sustainability conducted.	Completed. This included studies on costing and cost-effectiveness.
Demographic research and analyses conducted.	Four national demographic and health surveys conducted.

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2. EXECUTIVE SUMMARY

The Family Planning and Health Services Project (FPHSP) provided US$282.980 million in population and health assistance over its ten year life-of-project Through its support to the NGO, social marketing, and government sectors, this project contributed significantly to national efforts to reduce fertility and infant and child mortality Overall, the project achieved or exceeded its goals and objectives and it has been a major factor in the expansion of population and health services in Bangladesh

The project was organized under four components, some of which contained multiple subprojects Implementation was through both local and international organizations including USAID/W central agreements Component I focused on the public sector and aimed to improve and decentralize family planning service delivery, strengthen logistics, and support the National Expanded Program of Immunization (EPI) Component II funded the Social Marketing Company (SMC) in promoting and distributing contraceptives and oral rehydration salts Component III supported the delivery of family planning and maternal and child health (FP/MCH) services through Non-Government Organizations (NGOs) Under this component, there were cooperative agreements with three international and two national organizations Component IV strengthened support services including commodities logistics, research, evaluation, monitoring, and information, education, and communication (IEC)

By supporting the delivery of information and services, the project significantly contributed to increased use of family planning, immunizations, and oral rehydration therapy to treat childhood diarrhea On the management side, significant improvements were made in contraceptive logistics, the functioning of the Social Marketing Company (SMC), and the viability of local NGOs Finally, operation research helped to achieve important policy reforms

3. PROJECT PURPOSE AND DESCRIPTION

The purpose of the FPHSP (1987-1997) was to improve the coverage, quality and sustainability of FP/MCH services provided by the Ministry of Health and Family Welfare (MOHFW), the SMC and the NGOs In addition, this project was to provide significant support for applied and demographic research, communications, and contraceptive procurement The FPHSP had four major components 1) Support for Government Family Planning Activities, 2) Social Marketing, 3) NGO Family Planning Activities, and 4) Support Activities

The assistance to the public sector had three elements 1) the Local Initiatives Program (LIP), 2) logistics management, and 3) municipal immunization The LIP was designed to improve the capacity of local officials to manage family planning services In logistics management, the intent was to provide and improve the supply of contraceptives in the public and NGO sectors The objective of the municipal immunization program was to provide technical assistance to the Government to increase immunization for urban infants

and urban mothers, thus reducing infant mortality

The Social Marketing Company sold oral contraceptive, condoms and oral rehydration salts throughout Bangladesh In addition, SMC established a nationwide distribution system, targeted contraceptive sales at lower-income consumers, and produced advertising and promotional campaigns through the mass media

The NGO Family Planning Activity was designed to establish a non-governmental network to provide FP/MCH services The intent of this activity was to enhance FP/MCH coverage in three ways 1) by improving access to services for underserved groups, 2) by expanding existing sites, and 3) and by expanding to new geographic areas

Activities under the Support component of this project provided assistance to the following areas 1) contraceptive commodities to the GOB, NGOs and SMC, 2) research, evaluation and monitoring to improve the delivery of FP and selected MCH services, and 3) IEC focused on the establishment of a National Family Planning IEC Strategy and Implementation Plan

4. END OF PROJECT STATUS

The project ended on August 30, 1997 The status of the project elements was as follows

A.1 SUPPORT FOR GOVERNMENT FAMILY PLANNING AND MCH ACTIVITIES

The LIP (formerly the Upazila Initiatives Project) was a public-sector technical assistance project The objective was to strengthen the capacity and sustainability of local government officials to 1) manage family planning, 2) mobilize community leaders to promote family planning, 3) recruit and support local volunteers to distribute pills and condoms, and 4) provide information about contraceptive side-effects and refer clients to family planning and health care facilities The LIP covered 104 thana and 643 unions with a population of 13 7 million, 2 4 million eligible couples and 1 6 million acceptors Its Life of Project (LOP) funding was $10,839,500

The Family Planning Logistics Management (FPLM) Project was a technical and training assistance project to help the GOB and USAID-funded NGOs to forecast, procure, monitor, store and distribute contraceptive commodities From 1987 to 1997, the Project trained more than 11,000 family planning supply officers and storekeepers in contraceptive commodity management and automated the logistics management information system Its LOP funding was $12,739,500 Using a host country contract mechanism, the Thana Family Planning Storeroom Construction Project funded construction of family planning storerooms for contraceptive and MCH supplies at subdistrict Thana Health Complexes The FPLM Project successfully equipped these storerooms The LOP funding for the Thana Family Planning Storeroom Construction Project was $5,942,203

The Municipal Immunization Project provided technical assistance to the GOB to support the management, promotion, monitoring and evaluation of municipal childhood immunization activities It covered four major city corporations and 84 towns, with a concentration of activities in urban slum areas By 1997, the Project had recruited 45 Medical Officers (up from only 6 in 1995) and, as a direct result of its technical assistance, 84 of the 88 municipalities covered their full recurrent EPI costs Its LOP funding was $10,250,000

The Johns Hopkins University Center for Communication Programs (JHU/CCP) Project provided technical and training assistance to the GOB and USAID-funded NGOs by 1) helping to establish a national FP/MCH strategy, 2) developing local and mass media IEC messages and campaigns, and 3) designing community programs that promoted interpersonal communication and counseling During the Project period, it developed the Jiggasha networking program, radio magazine programs, a nation-wide TV serial television drama, the *Green Umbrella* Campaign (a national media campaign to promote integrated family planning and maternal and child health service delivery) and a wide array of family planning and primary health care information materials The LOP funding for the Johns Hopkins University Center for Communication Programs (JHU/CCP) Project was $7,014,736

A.2 SOCIAL MARKETING COMPANY

Throughout the life of the FPHSP, the SMC assisted in improving reproductive and nutritional health by commercially marketing pills, condoms, and oral rehydration salts It runs one of he country's most efficient commodity distribution systems and conducts highly effective market research and advertising campaigns The SMC has also played a pioneering role in promoting behavior change and condom promotion among populations at risk of HIV/AIDS Under FPHSP the total funding for the SMC was $51 98 million

A.3 NGO FAMILY PLANNING ACTIVITIES

Under the FPHSP, USAID/Bangladesh supported five cooperating agencies that provided technical, financial, and logistic support to local NGOs to assist them to delivery FP/MCH services and information These cooperating agencies were Access to Voluntary and Safe Contraception (AVSC), the Asia Foundation (TAF), the Family Planning Services and Training Center (FPSTC), Pathfinder International (PI), and the Family Planning Association of Bangladesh (FPAB) Together, FPSTC, TAF, PI and FPAB supported 115 local NGOs that operated in 332 delivery sites These NGOs organized community-based service delivery in which female fieldworkers provided pills and condoms and gave clinic referrals to clients AVSC provided technical assistance in quality assurance and training for both the public sector and the NGOs The LOP for TAF, PI, FPAB and AVSC was $68,583,214

A.4 SUPPORT ACTIVITIES

1. Contraceptive Commodities

Since 1987, USAID/B has provided US$ 76,459,589 million worth of contraceptives to the Bangladesh family planning program The vast majority of the contraceptives were provided prior to 1992 Since 1992, the European Union (EU) has been the primary condom donor to the National Program, including SMC, although USAID made significant condom shipment to SMC in 1995-97 on an emergency basis USAID/B continues to provide oral contraceptives to the SMC

2 Research, Evaluation and Monitoring (REM)

The REM activities contributed to (1) increased use of FP and MCH services, (2) improved quality of care, and (3) developed sustainable service delivery structures through research and policy dialogue REM activities provided technical assistance to support three major areas (1) applied/operations research, (2) demographic surveys and analysis, and (3) sustainability studies and modules

Specific accomplishments and contributions of the REM activities included the following

1) The Contraceptive Prevalence Survey/Demographic Health Survey (CPS/DHS) documented the demographic impact of the FP and MCH programs, 2) the Rural and Urban MCH-FP Extension Projects tested ways to bring service delivery innovations into regular government programs without major infusion of additional resources, 3) NGO research and demonstration projects also provided results useful for program improvements, 4) the cost-benefit analysis of the national family planning program showed that expenditures on the national family planning program were an excellent financial investment for the government, with an estimated benefit-cost ratio of 5 1, 5) awareness-raising and advocacy activities, especially those undertaken in support of the December 1994 "Population Fortnight," energized significantly high-level GOB leadership The result of this effort engaged the Bangladesh Prime Minister and subsequently formed the National Steering Committee (NSC) and the nine MOHFW Working Groups whose recommendations were put into practice

3 Information, Education and Communication (IEC)

The IEC component was a delivery support project designed to help achieve contraceptive prevalence goals by insuring that clients had an informed choice among methods and by promoting sustained use of family planning practices Its broad objectives were to increase support for family planning among national leaders and policy makers, and to increase community support for family planning at the village level

The specific achievements of IEC were

a) the production of the National FP-MCH IEC Strategy 1993-2000 involving 41 key players from government, NGOs, the private sector and donors, working under the guidance of the National FP-MCH IEC Strategy Committee headed by the Additional Secretary,

b) the Rural Communication Program (Jiggasha) reprogrammed the work of the Family Welfare Agents (FWAs), taking advantage of existing social networks by promoting family planning through Jiggasha or group discussion meetings,

c) the Generic Curriculum for Interpersonal Communication (IPC) and Counseling Training, the Fieldworkers Guide, and the Method Specific Booklet represented examples of interorganizational collaboration in the production of training and IEC materials There were 50,000 copies of the Fieldworkers Guide and 100,000 copies of the updated Contraceptive Method Booklet produced for distribution to the GOB and NGOs,

d) workshops provided government and NGO officials and managers with "advanced" training in communication, and

e) JHU/CCP produced radio and TV spots, folk songs, a short feature film, and a 25-episode radio drama in support of MCH-FP

B. PROJECT ACHIEVEMENTS

With USAID's support, the Bangladesh family planning and health programs played a vital role in reducing population growth and improving maternal and child health The following statistics document the projects's progress in achieving its goals and objectives

-- In the last decade Bangladesh's fertility level fell from 5 6 to 3 3 children per woman This represents a decline of over 40% in ten years and about two-thirds of what is needed to achieve replacement level fertility

-- Between 1987 and 1997, the contraceptive prevalence rate almost doubled, reaching 49% in 1996-97 The average annual increase in contraceptive prevalence rate for the past 10 years was 2%, which is one of the highest among all Muslim countries

-- In the last one decade use of modern contraceptive methods increased from 18% to 42% Among current users, 85% are using a modern family planning method

-- In 1997, 81% of the urban mothers had received two doses of Tetanus Toxoid (TT) immunization, compared to 72% nationwide Urban immunization rates for children under one years were as follows 94% for BCG (compared to 88% nationwide), 74% for OPV3 (compared to 66% nationwide), 63% for Measles (compared to 59% nationwide), and 58% for fully immunized (compared to 51% nationwide) Overall immunization coverage among urban women and children increased about three and a half times in 10 years

-- In the last ten years, under five mortality, representing the number of children per thousand born who die before reaching age five, fell from 164 to 116, a decline of about 30% During the same period infant mortality (the number of children per thousand who die before reaching age one), also declined significantly from 112 to 82

5. ACCOMPLISHMENTS VS. PLANNED OUTPUTS

A.1 SUPPORT FOR GOVERNMENT FAMILY PLANNING AND MCH ACTIVITIES

The LIP now covers 22% of Bangladesh The CPR in the LIP thana is 65%, compared to a national average of 49% LIP volunteers visit 87% of their clients during a six month period, compared to 35% of government fieldworkers who visit their clients The FPLM Project provided technical assistance to the GOB to improve the contraceptive logistics system, the results of the TA became apparent over time as the rate of contraceptive stockouts at the thana level declined from 23 percent in 1989 to under five percent in 1996 Through host country contract funding, 210 family planning storerooms were constructed on time and according to specification under the Thana Family Planning Storeroom Construction Project These storerooms were fully operationalized with equipment through FPLM assistance

The Municipal Immunization Project could also claim success The level of fully-immunized children under one year of age in urban areas increased from two percent in the mid-1980s to 58% in 1997 In addition, 73% of newborn children were protected against tetanus in 1997 Through the media activities of the JHU/CCP Project, knowledge about family planning methods among eligible couples in Bangladesh is universal The Project also directly reached almost one-half million contraceptive users through its Jiggasha Program

A.2 SOCIAL MARKETING COMPANY

Condom and Pill sales were driven, to a large extend, by supply rather than by demand Annual condom sales increased from 138 million in 1993 to 161 million in 1995 In 1996, condom sales declined by 10 million condoms Oral contraceptive increased from 10 million in 1993 to approximately 14 million in 1995 In 1996, oral contraceptive sales was 11 million This represent a decline of oral contraceptive sales by 3 million Revenue generated from sales of condoms and oral contraceptives increased from $1 7 million in 1993 to $3 0 million in 1996

Oral Rehydration Salts sachet sales in 1986 was 1 2 million By 1996, sales rose to approximately 45 million sachets Revenue generated from ORS sales increased from $150,000 in 1986 to $2 7 million in 1996

As illustrated in the following table, oral contraceptives, condom and ORS sales and revenue exceeded the planned targets

Outputs	**Planned**	**Actual**
Condom sales(millions pieces)*	600 6	691 5
OC sales (millions of cycles)*	58 0	49 9
FP Revenue (in million $)*	9 9	10 8
ORSaline (million of sachets)**	216 1	235 3
ORSRevenue (in million $)**	13 7	14 8

* Jan'93-Aug'97
** July '85-Aug'97

A.3 NGO FAMILY PLANNING ACTIVITIES

USAID NGOs provided family planning and counseling services to 2 4 million users in 1996, approximately 20% of the total estimated users in Bangladesh In 1994, the CPR for modern methods ranged from a low of 54% among Pathfinder NGOs to a high of 61% among TAF NGOs, compared to a national average of 36% The higher rate of modern of modern contraceptive use among USAID-supported NGOs compared to government service delivery can be attributed to several factors, among them better fieldworker coverage, supervision, and quality assurance

A.4 SUPPORT ACTIVITIES

From 1987 to 1997, USAID provided contraceptives worth $71 1 million to the Bangladesh National Family Planning Program Although the vast majority of the contraceptives were provided before 1992 to both the public sector and SMC, from 1992 onwards USAID provided appproximately 60 percent of SMC's oral contraceptives and 20 percent of SMC's condoms

Since 1987, USAID-funded operations research has resulted in 18 new service delivery policies Among the policies and initiatives that have had the greatest impact were the following (1) applied operations research, principally to both rural and urban family planning and MCH extension projects, (2) national demographic surveys, including the 1993/94 and 1996/97 Demographic and Health Surveys, (3) sustainability and cost studies of government and NGO service delivery systems, and special topic studies, such as on traditional family planning methods, reproductive health, male involvement and adolescent health In addition, USAID has funded technical training for government research staff

USAID has had a significant impact in funding the Rural and Urban MCH/FP Projects implemented by the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) The projects tested alternative management and service delivery models in several sites using the existing service delivery systems Lessons learned were then transferred to the public and NGO sectors Initiatives which have had a significant impact on the national program included (1) development of FWA registers, (2) doorstep delivery of injectable contraceptives, (3) combined EPI and satellite clinic sites, and (4) procedures for handling essential obstetrical care

6. NON US CONTRIBUTIONS: GOB, DONORS, OTHERS

The GOB contribution to this project was waived However, GOB and other donors contributed $969,546 for various projects under FPHSP

7. SUSTAINABILITY AND POST PROJECT MONITORING

A. Purpose One of the most important objectives of the FPHSP was to promote the financial and institutional sustainability of Bangladeshi population/health institutions and programs Institutional sustainability exists when family planning service provision receives strong and enduring political and social support from all levels and when family planning and supporting institutions have the organizational and human resources to be viable over the long term Financial sustainability exists when domestically-generated public and private-sector resources cover the cost of family planning provision

B. Accomplishments The FPHSP helped to enhance the long-term sustainability of Bangladeshi population/health institutions and programs The following are the most notable achievements

--the establishment of a viable Social Marketing Company which by the end of the FPHSP was able to operate without benefit of resident, expatriate technical assistance and was recovering over 70% of its operating costs excluding commodities

--the establishment of a network of 115 NGOs which provide quality family planning and selective MCH services to over 2 4 million users Cost recovery was increased from under 2% to approximately 6% of total program costs with all NGOs charging for some contraceptive services Based on TA provided under the FPHSP, almost all NGOs underwent management development assessments and 24 NGOs developed sustainability plans

--the strengthening of the national immunization program to help it sustain high levels of child and maternal immunization

--the financial and programmatic support by communities for the family planning activities conducted under the Local Initiatives Program Each participating sub-district contributed over ten percent of total costs to the program

--the sustained strong performance of the FP/MCH logistics system Under the FPHSP, rates of contraceptive stock-outs at the field level declined from about 23% to about 4% By the end of the FPHSP, the FPLM sub-project was providing quality technical assistance to the MOHFW without benefit of resident, expatriate TA

C. Future Priorities Under the follow-on NIPHP, there will be further emphasis on achieving institutional and financial sustainability including improving cost recovery of NGOs from 6% to 20%, achieving full cost recovery for SMC excluding commodities, and improving the institutional soundness of 46 service delivery NGOs In addition, the NIPHP will strengthen the capacity of Bangladeshi institutions to conduct training programs to improve and monitor quality service delivery, and to design and conduct a full range of IEC programs for essential health/family planning services

8. LESSONS LEARNED

A. Assessment of appropriateness of any unmet conditions and covenants

The FPHSP Project Grant Agreement and its amendments included 3 conditions precedent and 13 covenants All CPs were met Of the 13 covenants, 11 can be judged to have been adequately satisfied Covenent 11, concerning additional MOHFW personnel to be assigned to FPHSP-supported programs, was partially met However, this had no serious impact on the implementation or long-term sustainability of the FPHSP Although Covenant 13 (which requests a plan to address the long-term funding for population activities/programs through the GOB's revenue and development budgets) was not met, the MOHFW has subsequently conducted budgetary analyses and projections which address this important issue

B. Description of program evaluations:

The following evaluations/assessments of the FPHSP were conducted during the life of the project

--FPHSP Mid-project Evaluation (January 1990)

--Bangladesh Population Sector Assessment (September 1990)

--FPHSP Final Evaluation (May 1995)

--Bangladesh Family Planning and Health Services Strategic Options Report (May 1990)

In addition to the above major evaluation/assessment exercises, a number of more targeted assessments were conducted during the life of the FPHSP including evaluations of the Asia Foundation (TAF), Pathfinder International (PI), FPLM, FPSTC, and FPAB cooperative agreements and a government assessment of the LIP

These evaluation/assessment documents proved to be valuable tools to improve the implementation of the FPHSP For instance, the FPHSP Project Paper Supplement was based on the FPHSP Mid-term Evaluation and Population Sector Assessment In addition, the FPHSP final evaluation and Strategic Options Report were key inputs into the design of the NIPHP

C. Summary of Lessons Learned

● Significant improvements in contraceptive prevalence and immunization coverage can be achieved with strong national commitment, adequate logistics, strong IEC, and attention to quality of services

● Quality is an essential element to the effectiveness of health and family planning programs The quality of services can be improved by establishing and maintaining clear service standards, providing performance-based training based on these standards, having regular and meaningful contact with customers, providing needed equipment and supplies, and improving all aspects of counseling

● IEC is a critical element for successful health and family planning programs IEC can effectively be used to keep all segments of society well informed about essential, affordable, preventive and curative interventions IEC can also be sued to target clients at particular risk, for example, new-wed women or commercial sex workers In addition, IEC programs can play a key role in making qualified providers of essential services easily identifiable and accessible to the general public

● Local NGOs can be a very effective mechanism to deliver quality FP/MCH services to communities providing that they have access to training, needed supplies, and supportive supervision

● Improvements in contraceptive supply management are critical to the performance of family planning service delivery programs

● Given the social transformation underway in Bangladesh, the national program should encourage women to seek family planning and health services at static health centers rather than wait for services to be delivered by fieldworkers at their doorstep In addition, women can receive a much wider range of essential services at static clinics than are available from community based distribution programs

● Couples are willing to pay for accessible, high-quality and affordable services

● Greater utilization of health facilities is possible when an integrated package of essential services are provided in easy access to clients

● Project management mechanisms need to be flexible in allocating resources among project activities In addition, program documentation and approval processes should be streamlined

9. RECOMMENDATIONS AND FUTURE ACTIVITIES

USAID will further its efforts to help reduce fertility and infant, child, and maternal mortality in Bangladesh under the newly designed NIPHP Based on lessons learned and evaluations conducted under the FPHSP, the NIPHP will

- Deliver integrated and accessible essential health and family planning services and information to under-served areas and demographic groups
- Promote awareness and use of health and family planning services through a variety of information, education and communication (IEC) methods
- Use IEC to enhance the ability of individuals, families and communities to protect and to provide for their own health
- Improve the quality of service, information, and products provided by the national health and family planning program
- Build strong health and population program organizations and support systems to maximize the delivery of essential health and family planning services
- Promote the financial and institutional sustainability of local organizations involved in the delivery of health and family planning services
- Encourage the GOB to develop and implement a policy framework that facilitates the delivery of cost-effective and client-centered health and family planning services

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